

No. 01-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Morris Funeral Home

Name of Deceased James V. Macura

Age 56 years months days

Place of death Southborough Ma

Date of death December 30 2009

Cause of death Metastatic
Hypopharyngeal Cancer

Interment at Rural Crematory

Date permit issued Jan 4, 2010

Certified by John R. Clark M.D.

No. 01-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased James V. Macura

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at (Name of cemetery or crematory) (City or town)

on JAN 07 2010

Certified by John H. Coble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 02-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John P. Rowe

Name of Deceased Ann L. Strate

Age 68 years months days

Place of death Southborough, Ma

Date of death Feb 2, 2010

Cause of death Pancreatic Cancer

Interment at Rural Crematory

Date permit issued Feb 4, 2010

Certified by Nadine Jackson M.D.

No. 02-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Ann L. Strate

If a U. S. War Veteran, specify what war, organization, etc.
- - -**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at FEB 05 2010

Name of cemetery or crematory (City or town)

on

Certified by John W. Cahill

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 03-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Morris Funeral Home

Name of Deceased Normand M. Bergeron

Age 87 years - months - days

Place of death Southboro, MA

Date of death Feb 27, 2010

Cause of death Respiratory Failure

Interment at St John's Cem

Date permit issued March 1, 2010

Certified by Paul S Wright M.D.

No. 03-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Normand M. Bergeron

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. John's Cemetery Hopkinton
(Name of cemetery or crematory) (City or town)

on March 2, 2010

Certified by Paul S. Wright
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 04-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Brasco & Sons MemorialName of Deceased Harold BernsteinAge 59 years - months - daysPlace of death 14 Moulton RdDate of death March 13, 2010Cause of death Metastatic GastricInterment at Mt Feake CemeteryDate permit issued March 17, 2010Certified by Sessiey Meyerhardt M.D.

No. 04-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Harold BernsteinIf a U. S. War Veteran, specify what war, organization, etc.
- - -**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mount Feake Cemetery Waltham, MA
(Name of cemetery or crematory) (City or town)on March 17, 2010Certified by Murray Curo
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

05-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funera HomeName of Deceased Linda June SpillerAge 84 years - months - daysPlace of death 49 Boston Rd SouthboroDate of death March 24, 2010Cause of death Coronary Artery Dis.Interment at Rural CrematoryDate permit issued March 25, 2010Certified by Charles S. Keenil Jr M.D.

05-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Linda June SpillerIf a U. S. War Veteran, specify what war, organization, etc.
- - -**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematoryat 180 Grove St (City or town)
(Name of cemetery or crematory)on March 26, 2010 Worcester, MA 01605Certified by John H. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 06-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased James B. DerrmanAge 89 years - months - daysPlace of death 42 Flagg Rd, SouthboroDate of death April 19, 2010Cause of death Respiratory FailureInterment at Rural CemeteryDate permit issued April 22, 2010Certified by Matthias Nurnberger M.D.No. 06-10**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased James B. Derrman

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on April 24, 2010Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Morris Funeral Home

Name of Deceased Katherine Wright Breitfelder

Age 53 years months days

Place of death Southboro, MA

Date of death May 18, 2010

Cause of death Mekastake Colon Cancer

Interment at Rural Cemetery

Date permit issued May 20, 2010

Certified by Somya Viswanathan M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to Lark Clark
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Katherine Wright Breitfelder

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on May 22, 2010

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Louis Julio BartoliniAge 84 years - months - daysPlace of death 8 Vico Hill, Southboro
MADate of death June 8, 2010Cause of death ALSInterment at Rural CemeteryDate permit issued June 10, 2010Certified by James Howe M.D.

No. 08-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Louis Julio Bartolini

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on June 12, 2010Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

09-10

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Concord Funeral Home

Name of Deceased

Phillip E Ritchie

Age

57

years

months

days

Place of death

50 Turnpike Rd #22
Southborough Ma

Date of death

June 10, 2010

Cause of death

Atherosclerotic Cardio-vascular

Interment at

Rural Crematory

Date permit issued

June 14, 2010

Certified by

Richard Evans
M.D.
Med Examiner

09-10

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Town Clerk
(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

Phillip E Ritchie

If a U. S. War Veteran, specify what war, organization, etc.

No

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Crematory

on

JUN 17 2010

(Name of cemetery or crematory)

160 Grove Street City or town)

Worcester, MA 01605

Certified by

John W. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 10-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Doane Beal & Sons
160 W Main St Hyannis Ma 02601
 Name of Deceased Steven Bowermaster

Age 49 years - months - days

Place of death Southborough Ma

Date of death June 14, 2010

Cause of death blunt trauma of head
torso & extremities

Interment at St Francis Xavier Cnz
Hyannis Ma

Date permit issued June 21, 2010

Certified by Kimberly Springer M.D.

No. 10-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to Town Clerk
 (Office issuing permit)

City or Town of Southborough Mass.
 Name of deceased Steven Bowermaster

If a U. S. War Veteran, specify what war, organization, etc.

--- No

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Francis Xavier Cem., Centerville, MA
 (Name of cemetery or crematory) (City or town)

on June 21, 2010

Certified by Frank A. M...
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

11-10

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Hemel Wickens & Sons

Name of Deceased

John Victor Gregory

Age

72

years

months

days

Place of death

Southborough MA

Date of death

July 17, 2010

Cause of death

Metastatic Carcinoma

Interment at

Duxbury Crematory

Date permit issued

July 23, 2010

Certified by

Roberta Saulke

M.D.

11-10

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Loren Clark

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

John Victor Gregory

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Duxbury Crematory, Duxbury, Ma

(Name of cemetery or crematory)

(City or town)

on

July 23, 2010

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts

No. 12-10


 DEPARTMENT OF PUBLIC HEALTH
 REGISTRY OF VITAL RECORDS AND STATISTICS

No. 12-10

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health [or in towns where there is no Board of Health by the town clerk] of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death printed or typed in durable black ink.)

Southborough July 24, 2010
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Henry Morris, 40 Main St, Southborough MA
 (Name) (Address)

for the removal from _____, and the interment

at Rural Crematory Cemetery in Worcester of the
 (To be filled out in case of removal)

body of Dorothy A Roche who died July 24 2010
 (Give full name of deceased) (Month) (Day) (Year)

age 68 years, months, days.

Cause of death Cerebral bleed

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death 2 Wakefield Southborough MA

Paul B. [Signature]
 (Signature of Agent of Board of Health, or in towns where there is no Board of Health, of Town Clerk)

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Loran Clerk
 (Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Dorothy A Roche

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the ~~body~~ cremated remains
 disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
 (Name of cemetery or crematory) (City or town)

on July 30, 2010 in Sec. L Grv #29B

Certified by [Signature]
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

12-10

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Nancy Morris

Name of Deceased

Dorothy Roche

Age

68

years

months

days

Place of death

21 Walke St

Date of death

July 24, 2010

Cause of death

Cerebral Bleed

Interment at

Rural Crematory, Worcester, MA

Date permit issued

July 26, 2010

Certified by

Aindal Sadeppan

M.D.

12-10

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Dorothy A. Roche

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Crematory

(Name of cemetery or crematory)

(City or town)

on

JUL 27 2010

180 Grove Street

Worcester, MA 01605

Certified by

John A. Cahill

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 13-10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Regina Bonanno Slattery
 Name of Deceased Maureen Jaccione
 Age 74 years months days

Place of death Southborough

Date of death Aug 26, 2010

Cause of death Breast Metastasis

Interment at Natl Cem Bourne, MA

Date permit issued Aug 30, 2010

Certified by Humberto Rossi M.D.

No. 13-10**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Town Clerk
 (Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Maureen Jaccione

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)
INTERRED

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at MASSACHUSETTS NATIONAL CEMETERY, BOURNE, MA (City or town)

on 31 Aug 2010

Certified by [Signature]
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

14-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Morris Funeral Home

Name of Deceased

Ngoc Vu

Age

63

years

months

days

Place of death

39 Constitution, Southboro

Date of death

August 29, 2010

Cause of death

Metastatic Anal Cancer

Interment at

Rural Cemetery

Date permit issued

August 31, 2010

Certified by

Peter Enzinger

M.D.

14-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Ngoc Vu

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Cemetery

Southborough, MA

(Name of cemetery or crematory)

(City or town)

on

August 31, 2010

Sec. L, Grv#38

Certified by

[Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 15-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Burial & Rodman
Needon MA

Name of Deceased

Paul Herbert Dash

Age

60

years

months

days

Place of death

31 Overlook Dr

Date of death

Nov. 21, 2010

Cause of death

Metastatic Pancreatic
Cancer

Interment at

Cancer Cem.
Newton Crematory

Date permit issued

Nov. 24, 2010

Certified by

Kala See Havanam M.D.

No. 15-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk
(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

Paul Herbert Dash

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at Newton Crematory Newton, MA

(Name of cemetery or crematory)

(City or town)

on November 26, 2010

Certified by


(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

01-11

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Morris Funeral Home

Name of Deceased

Dorothy Pendleton

Age

101

years

months

days

Place of death

Southboro-9 Winter St

Date of death

April 9, 2011

Cause of death

Alzheimer's Dis

Interment at

Rural Cemetery

Date permit issued

April 12, 2011

Certified by

Shun-Ho Lee

M.D.

01-11

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Dorothy N. Pendleton

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Cemetery

Southborough, MA

(Name of cemetery or crematory)

(City or town)

on

April 15, 2011

Certified by

[Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 02-11

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Morris Funeral Home
 Name of Deceased Ralph Emerson Hollis Sr
 Age 94 years - months - days

Place of death 800 Mt Vickery Rd

Date of death April 19, 2011

Cause of death Gangrene right foot

Interment at Rural Cemetery

Date permit issued April 20, 2011

Certified by David Levitin M.D.

No. 02-11

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to Town Clerk
 (Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Ralph Emerson Hollis Sr

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
 (Name of cemetery or crematory) (City or town)

on April 22, 2011

Certified by [Signature]
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Morris General Home

Name of Deceased

Edna E. Ward

Age

76

years

months

days

Place of death

Southborough

Date of death

April 28, 2011

Cause of death

End Stage COPD

Interment at

Rural Cemetery

Date permit issued

May 2, 2011

Certified by

Melissa Maher

M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Edna E. Ward

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

*Rural Cemetery**Southborough, MA*

(Name of cemetery or crematory)

(City or town)

on

May 2, 2011

Certified by

[Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 04-11

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Miles Funeral Home
100 Worcester Rd, Sterling MA 01504
 Name of Deceased Rev. Thomas B. Garlick

Age Col years months days

Place of death Southborough

Date of death May 22, 2011
 Cause of death Atherosclerotic Cardiovascular Disease

Interment at New Cem. Ashburnham, MA

Date permit issued May 25, 2011

Certified by Richard Evans M.D.

No. 05-11

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Funeral Clerk
 (Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Alma N. Sell

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
180 Grove Street
Worcester, MA 01605
 (Name of cemetery or crematory) (City or town)

on JUN 01 2011
cremation
 Certified by John H. Cobble
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 06-11**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Matter Funeral Home

Name of Deceased

Peter John Nicholas

Age

76

years

months

days

Place of death

Southborough

Date of death

June 24, 2011

Cause of death

Metastatic Prostate Cancer

Interment at

Rural Crematory

Date permit issued

June 27, 2011

Certified by

Laila Motta

M.D.

No. 06-11**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Peter John Nicholas

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms.

Rural Crematory
180 Grove Street

at

(Name of cemetery or crematory)
Worcester, MA 01605

on

JUN 29 2011

Certified by

John W. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

07-11

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Morrison Funeral Home

Name of Deceased

Serafima Keryonchouski

Age 74 years months days

Place of death

Southborough

Date of death

Aug. 13, 2011

Cause of death

Alzheimer's dementia

Interment at

St. Marys Cem. Holliston MA

Date permit issued

Aug 16, 2011

Certified by

John Luedel

M.D.

08-11

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Town Clerk

(Office issuing permit)

City or Town of

SOUTH BOROUGH

Mass.

Name of deceased

XIAOYUN JIANG

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Newton Crematory, Newton, MA

(Name of cemetery or crematory)

(City or town)

on August 29, 2011

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

09-11

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased William L Stoddard
Sr.Age 75 years months daysPlace of death Southborough MaDate of death Sept 23, 2011Cause of death Metastatic Colon CancerInterment at Rural Cem. SouthboroDate permit issued Sept 26, 2011Certified by Kala Seetharaman M.D.

09-11

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased William L. Stoddard

If a U. S. War Veteran, specify what war, organization, etc.

Korean**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on September 26, 2011Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Metrowest FuneralName of Deceased Steven MessomAge 51 years - months - daysPlace of death SouthboroughDate of death Sept 28, 2011Cause of death PendingInterment at St Michael Crematory
Boston, MADate permit issued October 7, 2011Certified by Richard Evans M.D.No. 09-12**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Steven MessomIf a U. S. War Veteran, specify what war, organization, etc.
- - -**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with the terms**ST. MICHAEL CREMATORY**at BOSTON, MA 02131
(Name of cemetery or crematory) (City or town)on 10/13/11Certified by Mark Cleary
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

~~09-13~~
10-11**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Eaton Funeral Home

Name of Deceased

Ruth A. Vlass

Age

77

years

months

days

Place of death

Southborough Ma

Date of death

October 9, 2011

Cause of death

Metastatic Pancreatic
Cancer

Interment at

St. Mary's Cem.

Date permit issued

October 12, 2011

Certified by

Rerati Rao

M.D.

No.

~~09-13~~
10-11**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Ruth A. Vlass

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

St. Mary Neesham

(Name of cemetery or crematory)

(City or town)

on

10-12-11

Certified by

Joseph Kill

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Morris Funeral Home

Name of Deceased

Bernard L. Phillips

Age

89

years

months

days

Place of death

9 Walter St

Date of death

Nov 4, 2011

Cause of death

Respiratory Failure

Interment at

Rural Crematory/Worcester

Date permit issued

Nov 7, 2011

Certified by

Michelle Goh

M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Bernard L. Phillips

If a U. S. War Veteran, specify what war, organization, etc.

WW II Army

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with the terms of the

Rural Crematory

180 Grove Street

at

(Name of cemetery or crematory)

Worcester, MA 01505 (City or town)

on

NOV 09 2011

Certified by

John W. Cobble

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

(Office issuing permit)

City or Town of

Mass.

Name of deceased

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
Rural Crematory
180 Grove Street
Worcester, MA 01605
(Name of cemetery or crematory)

on

DEC 14 2011

- Interred on Dec. 17, 2011

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

12-11

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Morris Funeral Home

Name of Deceased

Barbara Dumont

Age

97

years

months

days

Place of death

Southborough Ma

Date of death

December 9, 2011

Cause of death

Natural causes (old age)

Interment at

Rural Crematory

Date permit issued

December 12, 2011

Certified by

James Howe

M.D.

12-11

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Barbara Dumont

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

180 Grove Street

at

(Name of cemetery or crematory)

Worcester, MA 01605

on

DEC 14 2011

Certified by

John H. Coble

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 13-11

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to MORRIS Funeral Home

Name of Deceased Ethel Armstrong

Age 94 years months days

Place of death. 15 Hagg Rd Southboro

Date of death Dec 19 2011

Cause of death.....Sedative Shock.....

Interment at Rural Cemetery Southboro

Date permit issued Dec 20, 2011

Certified by Matthew Bean M.D.

No. 13-11

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Ethel Armstrong.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, MA.
(Name of cemetery or crematory) (City or town)
on Dec. 21, 2011 Full body burial Section 1A
Grave 2

Certified by G. G. Momey Grave
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to MORRIS FUNERAL HOME

Name of Deceased MERCEDES A. EVANS

Age 71 years — months — days

Place of death 107 Fiddle Neck Lane Southborough

Date of death December 27 2011

Cause of death CARDIAC ARREST

Interment at RURAL CEMETERY

Date permit issued December 29 2011

Certified by AMR HASSAN M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to Town Clerk

(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Mercedes A. Evans

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, MA.

(Name of cemetery or crematory)

(City or town)

on Dec. 30, 2011 - Sec. L #231 Lawn Crypt.

Certified by H. G. Mooney

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 01-12

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Morris Funeral Home

Name of Deceased Winifred Marie Scott

Age 68 years - months - days

Place of death Southborough

Date of death Jan 4, 2012

Cause of death Resp. Failure

Interment at Calvary Cem
Southham, Ma

Date permit issued Jan 9, 2012

Certified by Kimberly Bucknor M.D.

No. 01-12

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Winifred M. Scott

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Calvary Waltham
(Name of cemetery or crematory) (City or town)

on 1-9-12

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 02-12

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased David M. SmithAge 56 years - months - daysPlace of death Southborough, MADate of death January 7, 2012Cause of death Chronic obstructive pulmonary diseaseInterment at Rural CrematoryDate permit issued January 11, 2012Certified by William Lane M.D.

No. 02-12

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased David M. SmithIf a U. S. War Veteran, specify what war, organization, etc.
- - -**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its wishes

Rural Crematory**180 Grove Street****Worcester, MA 01605**at Worcester, MA
(Name of cemetery or crematory)on JAN 12 2012Certified by John W. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts

No. 03-12

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town SOUTHBOROUGH, MA Date JAN 17 20 12

A satisfactory death certificate having been filed for
ERIC C. GREEN
Full name of decedent

who died on JANUARY 12, 2012 US War Veteran —
date of death

born on MAY 27, 1999, who resided at
date of birth

32 CONSTITUTION DRIVE
SOUTHBOROUGH, MA 01772

and who died of PENDING

Permission is hereby given for (check all appropriate boxes):

[] Removal from:
name and address of original disposition

☒ Disposition at RURAL CEMETERY SOUTHBOROUGH, MA
name and address of cemetery or crematory

[] Transportation to:
name and address of immediate destination of remains

Permission is hereby given to: RICE FUNERAL HOME
300 PARK AVENUE
WORCESTER MA 01605
name of facility
address of facility

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

No. 03-12

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Rice Funeral Home
Worcester, MA

Name of Deceased ERIC C. GREEN

Age 12 years — months — days

Place of death Southborough, MA

Date of death January 12, 2012

Cause of death Pending

Interment at Rural Cemetery

Date permit issued January 17, 2012

Certified by Renee M. Robinson M.D.

04-12

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Morris Fair, a

Name of Deceased

Victor J Graves

Age

75

years

months

days

Place of death

Southboro - 12
Gen Henry Tra

Date of death

Feb 23, 2012

Cause of death

Lung Cancer

Interment at

Rural Crematory

Date permit issued

Feb 24, 2012

Certified by

Jennifer Reidy M.D.

04-12

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Town Clerk
(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

Victor J Graves

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Crematory
180 Grove Street
(Name of cemetery or crematory) (City or town)

on

FEB 26 2012 Worcester, MA 01605

Certified by

J. W. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT**

This section to be returned immediately to the issuing City/Town, properly endorsed

to Lew Clark
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Elizabeth Depina

If a U.S. War Veteran, specify what war, organization, etc.

=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) (City/Town)

on APR 16 2012 180 Grove Street
Worcester, MA 01605

Final Disposition

Certified by John H. Cobell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Elizabeth Depina

Sex F Date of Death April 11, 2012

Place of Death Southborough

Date of Birth Dec. 2, 1934

Immediate Cause Hepato Cellular Carcinoma

Certifier Kalindi Mehta M.D./D.O.

Permit Issued To Nancy Morris

Disposition At Rural Crematory

Name of Facility Morris Funeral Home

Date Permit Issued April 13, 2012

The Commonwealth of Massachusetts

No. 05-12

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Southborough Date April 13, 2012

A satisfactory death certificate having been filed for Elizabeth Depina Full name of decedent

who died on April 11, 2012 date of death US War Veteran —

born on Dec. 2, 1934 date of birth, who resided at

20 Clifford St Southborough MA 01272

and who died of Hepato-Cellular Carcinoma

Permission is hereby given for (check all appropriate boxes): give immediate cause

[] Removal from: name and address of original disposition

[x] Disposition at: Rural Crematory name and address of cemetery or crematory

[] Transportation to: name and address of immediate destination of remains

Permission is hereby given to:

Morris Funeral Home name of facility
40 Main St Southborough MA address of facility

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

No. 05-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Brown Clerk

(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Elizabeth Depina

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the cremated remains of the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City/Town)

on April 19, 2012

Final Disposition Sec 74, Lot 4, Grv #2A

Certified by [Signature] (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Mary L. StadiqSex F Date of Death Feb 27, 2012Place of Death 1 John Matthews RdDate of Birth Sept 17 1921Immediate Cause Failure to ThriveCertifier Dr John Krikorian M.D./DOPermit Issued To Nancy Morris
Morris Funeral HomeDisposition At Wildwood Cem Ashland, MAName of Facility Morris Funeral HomeDate Permit Issued February 28, 2012

05-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk

(Office issuing permit)

City/Town of Southborough Mass.Name of Decedent Mary L. StadiqIf a U.S. War Veteran, specify what war, organization, etc.
- - -

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Wildwood Ashland
(Name of cemetery or crematory) (City/Town)on MARCH 1, 2012Final Disposition WILDWOOD CEMETERYCertified by John Nadeau
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Southborough Date April 18 20 12

A satisfactory death certificate having been filed for

Ernest F. Silvestri
Full name of decedent

who died on April 16, 2012 US War Veteran WW II
date of death

born on July 2, 1927 , who resided at
date of birth

162 Woodland Rd
Southborough MA

and who died of Heart Failure

Permission is hereby given for (check all appropriate boxes): give immediate cause

[] Removal from: name and address of original disposition

[☒] Disposition at: Burial Crematory
name and address of cemetery or crematory

[] Transportation to: name and address of immediate destination of remains

Permission is hereby given to:
Morris Funeral Home
40 Main St. Southborough MA
name of facility
address of facility
[Signature]
Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Ernest F. Silvestri

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body cremated remains
accompanying this permit was
disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City/Town)

on April 16, 2013

Final Disposition Sec. M, Gv#65A

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Ernest Silvestri

Sex M Date of Death April 14, 2012

Place of Death Southborough

Date of Birth July 2, 1927

Immediate Cause Heart Failure

Certifier David Carlson M.D./DO

Permit Issued To Nancy Morris

Disposition At Rural Crematory

Name of Facility Morris Funeral Home

Date Permit Issued April 18, 2012

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Ernest L. Silvestri

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) (City/Town)on APR 27 2012 180 Grove Street
Worcester, MA 01605

Final Disposition

Certified by John H. Cabell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Esther LesielesSex f Date of Death Feb 28, 2012Place of Death SouthboroughDate of Birth April 21, 1935Immediate Cause Liver CarcinomaCertifier Li Ming He M.D./DOPermit Issued To Alan SlatteryDisposition At Immaculate Conc CemName of Facility Slattery Funeral HomeDate Permit Issued March 5, 2012

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk

(Office issuing permit)

City/Town of Southborough Mass.Name of Decedent Esther Lesieles

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at IC MA/Borough

(Name of cemetery or crematory)

(City/Town)

on 3-5-12Final Disposition Sec 3Certified by [Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

07-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Harvey D. Bigelow Sr

Sex

M

Date of Death

March 3, 2012

Place of
Death

30A Bigelow Rd

Date of
Birth

October 1, 1931

Immediate
Cause

Interstitial Lung Disease

Certifier

Shuk-How Lee

M.D./DO

Permit
Issued ToNancy Morris
Morris Funeral HomeDisposition
At

Rural Cemetery

Name of
Facility

Morris Funeral Home

Date Permit
Issued

March 6, 2012

07-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town properly endorsed

to

Toon Clerk

(Office issuing permit)

City/Town of

Southborough

Mass.

Name of Decedent

Harvey D. Bigelow Sr

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

Rural Cemetery

Southborough, MA

(Name of cemetery or crematory)

(City/Town)

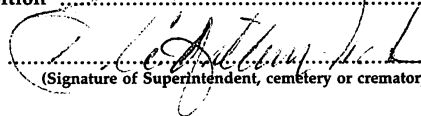
on

March 6, 2012

Final Disposition

Sec. A, Lot 29, Grv #5

Certified by



(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Sherman V Olson

Sex M Date of Death March 8, 2012

Place of Death Col Charles Ct

Date of Birth Feb 4, 1931

Immediate Cause Met Oropharynx Cancer

Certifier William V Walsh M.D./DO

Permit Issued To Nancy Morris

Disposition At Rural Crematory

Name of Facility Morris Funeral Home

Date Permit Issued March 8, 2012

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Sherman V Olson

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory)

on MAR 14 2012
180 Grove Street
Worcester, MA 01605

Final Disposition John H Cobble

Certified by John H Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

The Commonwealth of Massachusetts

No. 08-12

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Southborough Date March 8, 2012

A satisfactory death certificate having been filed for

Sherman V Olson
Full name of decedent

who died on March 8, 2012 date of death March 8, 2012 US War Veteran ---

born on Feb. 4, 1931 date of birth Feb. 4, 1931, who resided at

Cel Charles Ct
Southborough Ma 01772

and who died of Metastatic Oropharynx Cancer
give immediate cause

Permission is hereby given for (check all appropriate boxes):

[] Removal from: _____
name and address of original disposition

☒ Disposition at: Rural Crematory
name and address of cemetery or crematory

[] Transportation to: _____
name and address of immediate destination of remains

Permission is hereby given to:

Morris Funeral Home
name of facility
40 Main St Southboro MA
address of facility

TRB

No. 08-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Sherman V Olson

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the ~~body~~ CREMATED REMAINS accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southborough MA
(Name of cemetery or crematory) (City/Town)

on April 11, 2012

Final Disposition See M. Burial

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent

Rose B. Washington

Sex

69

Date of Death

May 27, 2012

Place of
Death

Southborough, MA

Date of
Birth

Feb. 24, 1943

Immediate
Cause

Chronic Ethanolism

Certifier

Richard Evans

M.D./DO

Permit

Issued To

William Fay
Callahan & Fay Bros
Worcester, MADisposition
At

St. John's Cem.

Name of
Facility

Callahan & Fay Bros.

Date Permit
Issued

May 30, 2012

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
DecedentSex ♀ Date of Death June 12, 2012Place of
DeathDate of
BirthImmediate
Cause

Certifier

Permit

Issued To

Disposition
AtName of
FacilityDate Permit
IssuedDISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk

(Office issuing permit)

City/Town of Southborough Mass.Name of Decedent Joan A. Fredella

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City/Town)on June 16, 2012Final Disposition Sec. 1, Gry#247Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent

Nancy Bassett

Sex

F

Date of Death

6/20/2012

Place of
Death

Southborough

Date of
Birth

June 16, 1952

Immediate
Cause

Lung Cancer

Certifier

M.D./DO

Permit
Issued To

Romas Ldiaz

Disposition
At

Hopedale Village Cem.

Name of
Facility

Berna Funeral Home

Date Permit
Issued

June 22, 2012

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Workezebo Hailenemselot

Sex

F

Date of Death

July 16, 2012

Place of
Death

Southborough

Date of
Birth

Sept. 24, 1938

Immediate
Cause

Met. Pancreatic Cancer

Certifier

Shahraz Montague

M.D./DO

Permit

Issued To

Chesmore Funeral Home

Disposition

At

Rural Cemetery

Name of

Facility

Chesmore Funeral Home

Date Permit

Issued

July 19, 2012

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Town Clerk

(Office issuing permit)

City/Town of

Southborough Mass.

Name of Decedent

Workezebo Hailenemselot

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

Rural Cemetery

Southborough, MA

(Name of cemetery or crematory)

(City/Town)

on

July 21, 2012

Final Disposition

Sec. I, Gvy#251

Certified by

B. E. H. - J. C. H.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

13-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of

Decedent

Kathryn Ann Cato

Sex

F

Date of Death

July 27, 2012

Place of

Death

Southborough

Date of

Birth

Dec 22, 1959

Immediate

Cause

Carcinoid Tumors

Certifier

Matthew Kulke M.D./DO

Permit

Issued To

John P. Rowe

Disposition

At

Rural Cemetery

Name of

Facility

John P. Rowe Funeral Home

Date Permit

Issued

July 30, 2012

13-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Teresa Clark
(Office issuing permit)

City/Town of

Southborough Mass.

Name of Decedent

Kathryn Cato

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City/Town)

on

July 31, 2012

Final Disposition

Sec. I, Grv#244

Certified by

William J. Sullivan
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

George Edward Beck

Sex

M

Date of Death

September 17, 2012

Place of
Death

19 Walnut Dr. Southborough

Date of
BirthJune 30, 1936
September 17, 2012Immediate
Cause

End Stage COPD

Certifier

Justin Dorfman M.D./DO

Permit

Issued To

Alan P. Slattery

Disposition

At

Rural Crematory, Worcester

Name of

Facility

Slattery Funeral Home

Date Permit

Issued

September 19, 2012

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Town Clerk
(Office issuing permit)

City/Town of

Southborough, Mass.

Name of Decedent

George Edward Beck

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

Rural Crematory
(Name of cemetery or crematory) (City/Town)

on

SEP 21 2012 180 Grove Street
Worcester, MA 01605

Final Disposition

Certified by

John W. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Pauline a True

Sex F Date of Death Oct 18, 2012

Place of Death Southborough

Date of Birth May 21, 1938

Immediate Cause Uterine Cancer

Certifier Frank Coco M.D./DO

Permit Issued To Nancy Morris

Disposition At Mt Hope Cem Bangor ME

Name of Facility Morris Funeral Home

Date Permit Issued Oct 22, 2012

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Pauline True

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Mt Hope Cemetery Bangor, ME
(Name of cemetery or crematory) (City/Town)

on October 23, 2012

Final Disposition Burial

Certified by Edward McCleary
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Carolyn Urban

Sex F Date of Death Feb 23, 2013

Place of Death 14 Leonard Dr. Southboro

Date of Birth September 3, 1944

Immediate Cause Cardiac Arrest

Certifier James Howe M.D./DO

Nancy Morris

Permit Issued To Morris Funeral Home

Disposition At Rural Crematory

Name of Facility Morris Funeral Home

Date Permit Issued February 25, 2013

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Carolyn Urban

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory)on FEB 28 2013 180 Grove Street
Worcester, MA 01605

Final Disposition

Certified by John W. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

The Commonwealth of Massachusetts

No.

01-13

No.

01-13

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town

Southborough

Date

Feb 25, 2013

A satisfactory death certificate having been filed for

Carolyn Urban

Full name of decedent

who died on

February 23, 2013

US War Veteran

born on

September 3, 1944

date of death

date of birth

, who resided at

14 Leonard Dr
Southborough, MA 01772

and who died of

Cardiac arrest

give immediate cause

Permission is hereby given for (check all appropriate boxes):

☐ Removal from:

name and address of original disposition

☒ Disposition at:

Rural Crematory

name and address of cemetery or crematory

☐ Transportation to:

name and address of immediate destination of remains

Permission is hereby given to:

Morris Funeral Home
40 Main St Southborough MA

name of facility

address of facility

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Town Clerk

(Office issuing permit)

City/Town of

Southborough

Mass.

Name of Decedent

Carolyn Urban

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City/Town)

on

March 11, 2013

Final Disposition

Sec. 5, Lot 14A, Grv 1A

Certified by

[Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Edward A Stettner

Sex M Date of Death March 10, 2013

Place of Death Southborough 67 Carnegie Hill Cir

Date of Birth Feb 18, 1940

Immediate Cause Metastatic Renal Pelvic

Certifier Timothy O'Connor M.D./DO

Permit Issued To George L. Okerstep

Disposition At Newton Crematory

Name of Facility George L. Okerstep & Sons

Date Permit Issued March 12, 2013

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Edward A Stettner

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Newton Crematory, Newton
(Name of cemetery or crematory) (City/Town)

on 14 March 2013

Final Disposition

Certified by Mary Ann Evans
(Signature of superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Margaret Rossi

Sex Date of Death April 20, 2013

Place of Death Southborough

Date of Birth March 18, 1921

Immediate Cause Cardiorespiratory Arrest

Certifier Adel Sadeqian M.D./DO

Permit Issued To Morris Funeral Home

Disposition At Burial Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued April 22, 2013

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be retained immediately to the issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Margaret Rossi

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City/Town)

on April 23, 2013

Final Disposition Sec. 13-East, Lot 22, Grv#4

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Sex

Date of Death

Place of
DeathDate of
BirthImmediate
Cause

Certifier

M.D./DO

Permit
Issued ToDisposition
AtName of
FacilityDate Permit
IssuedDISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

(Office issuing permit)

City/Town of

Mass.

Name of Decedent

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City/Town)

on May 28, 2013

Final Disposition Sec. C West. Lot 63W, Grv #2

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-13

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent George C Chryssis

Sex M Date of Death May 31, 2013

Place of Death 3 Carriage Hill
Southborough

Date of Birth May 21, 1947

Immediate Cause Hanging

Certifier Richard Evans M.D./DO

Permit Issued To Edward J. Doherty

Disposition At The Gardens of Gethsemane
BostonName of Facility George J. Doherty & Sons
Webster

Date Permit Issued June 4, 2013

No. 05-13

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk

(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent George C Chryssis

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at The Gardens at Gethsemane

(Name of cemetery or crematory)

(City/Town)

on June 5, 2013

Final Disposition Burial Mt of Olives 93

Certified by Susan A. Davis

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-13

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Ariel Medina

Sex

M

Date of Death

June 11, 2013

Place of
Death

Southborough MA

Date of
Birth

April 14, 1990

Immediate
Cause

Gortic Transection

Certifier

Richard Evans

M.D./DO

Permit

Issued To

John McCarthy
McCarthy Funeral HomeDisposition
At

Newton Crematory

Name of
Facility

McCarthy Fun. Home

Date Permit
Issued

June 13, 2013

06-13

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Town Clerk

(Office issuing permit)

City/Town of

Southborough Mass.

Name of Decedent

Ariel Medina

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

Newton Crematory, Newton

(Name of cemetery or crematory)

(City/Town)

on

17 June 2013

Final Disposition

Mary Ann Bunas

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 07-13

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent Albert C. AlbenSex M Date of Death Sept 7, 2013Place of Death 9 Parkerville Rd
SouthboroughDate of Birth Jan 5, 1932Immediate Cause Malignant MelanomaCertifier Paul D'Amrosio M.D./DO
=====Permit Issued To Nancy Morris
Farrell Funeral HomeDisposition At Springfield Crem.Name of Facility Farrell Funeral Home
Holyoke, MADate Permit Issued September 10, 2013

08-13

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Francine R. Smith

Sex

F

Date of Death

Sept 10, 2013

Place of
Death

10 Wentworth Dr

Date of
Birth

April 21, 1958

Immediate
Cause

Breast Cancer

Certifier

Eric Winer

M.D./DO

Permit

Issued To

David Breznia

Disposition

At

Beit Olam Cem -

Name of

Facility

Wayland MA

Breznia-Rodman

Date Permit

Issued

September 11, 2013

08-13

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Town Clerk

(Office issuing permit)

City/Town of

Southborough

Mass.

Name of Decedent

Francine R. Smith

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

Beit Olam Cem. Wayland

(Name of cemetery or crematory)

(City/Town)

on

September 12, 2013

Final Disposition

burial

Certified by

M. Dushman

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

09-13

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Charles H Vaneser

Sex

M

Date of Death

Sept 26, 2013

Place of
Death

Southborough

Date of
Birth

Dec 16, 1921

Immediate
Cause

Congestive Heart Failure

Certifier

Christina Courrea M.D./DO

Permit
Issued To

John Matarese

Disposition
At

Holy Cross Cem. Malden MA

Name of
Facility

Matarese Funeral Home

Date Permit
Issued

Sept 27, 2013

09-13

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Town Clerk

(Office issuing permit)

City/Town of

Southborough

Mass.

Name of Decedent

Charles H Vaneser

If a U.S. War Veteran, specify what war, organization, etc.

WWII

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms.

at

Holy Cross Cemetery Malden

(Name of cemetery or crematory)

(City/Town)

on

Sept 30, 2013

Final Disposition

buried

Certified by

Carol Gabor

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Gilvan R. JonesSex M Date of Death Oct 23, 2013Place of Death Southborough MADate of Birth February 7, 1926Immediate Cause Acute Resp ArrestCertifier Carobindo Chakraborty M.D./DOPermit Issued To Nancy MorrisDisposition At Rural CemeteryName of Facility Morris FuneralDate Permit Issued October 24, 2013

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)City/Town of Southborough Mass.Name of Decedent Gilvan R. Jones

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City/Town)on October 26, 2013Final Disposition Sec. M, Grav#157Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Sex

Date of Death

Place of
DeathDate of
BirthImmediate
Cause

Certifier

M.D./DO

Permit
Issued ToDisposition
AtName of
FacilityDate Permit
IssuedDISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to

(Office issuing permit)

City/Town of

Mass.

Name of Decedent

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City/Town)on December 2, 2013Final Disposition Sec. F. Grv#6

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Edward W. Maloney Jr

Sex M Date of Death Dec 10, 2013

Place of Death Southborough, MA

Date of Birth June 29, 1949

Immediate Cause Metastatic Carcinoma Skin

Certifier John Krikorian M.D./DO

Permit Issued To John P Roave

Disposition At Rural Cemetery

Name of Facility Rowe FH

Date Permit Issued December 11, 2013

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Edward W. Maloney Jr

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City/Town)

on December 14, 2013

Final Disposition Sec. L, Lawn Crypt #223 Btm

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.